

## **Admit a Patient**

### **Introduction**

The Admit a Patient option is used to admit a patient to the medical center or edit/delete a previously entered admission. Prior inactive admission records can also be selected for editing or deleting as long as the PTF record has not been closed.

New patients may be added to the system through this option. You will need to enter the basic information required to add a new patient. In an emergency situation, you may choose not to enter the entire patient record (10-10 data) at that time. You should then go in at a later time under the Register a Patient option in Registration to complete the entire record.

Several types of data may now be displayed (Means Test, primary care, appointment, etc.). The system will next prompt for the admission data. The admission type and ward location must coincide. For example, if the READMISSION TO NHCUC/DOM admission type is selected, the patient must be placed on a NHCUC or DOM ward. If TO ASIHC is selected, only non-NHCUC and non-DOM wards will be selectable.

If the PRINT PTF MESSAGE parameter is set to YES, messages will be transmitted to the Health Information Management Section (HIMS) through this option. When there is a new admission, patient data and admitting diagnosis will be sent to the HIMS printer. If the diagnosis is changed during an editing session, a message will be sent with the new diagnostic information.

The Third Party Review Sheet may be printed through this option if the patient is a veteran and has private medical insurance. The veteran's insurance information is displayed if the coverage has not expired. Information concerning pre-admission certification, second surgical opinion, length of stay review, and bill status is found on this form.

Patient wristbands may also be printed through this option. Such requests must be sent to a bar code printer.

## **Admit a Patient**

### **Introduction**

If you make a change to the room/bed, you will be asked if you would like to notify Building Management of the vacated bed. A YES response at this prompt will generate a MailMan bulletin to all members assigned to the DG BLDG MANAGEMENT mail group. If no members have been assigned to this mail group, no message will be sent.

Utilizing this option may cause a MailMan bulletin to be sent to appropriate hospital personnel alerting them of the patient's insurance coverage. The bulletin, UR ADMISSION BULLETIN, will only be sent if members have been assigned to the DGPM UR ADMISSION mail group and the selected patient has at least one active insurance policy on the date of admission.

The FUTURE ACTIVITY SCHEDULED bulletin is sent when veterans with verified eligibility and either scheduled admissions or waiting list entries are admitted. It contains a list of all scheduled admissions and waiting list entries on file for the patient and is sent to the mail group users designated in the UNVERIFIED ADMIT GROUP field of the MAS PARAMETERS file. If the patient is a non-veteran, this information will be included in the NON-VETERAN ADMISSION bulletin. If the patient's eligibility is not verified, this information will be included in the VETERAN ADMISSION WITHOUT VERIFIED ELIGIBILITY bulletin.

An ADMISSION OE/RR NOTIFICATION may be displayed with V. 2.2 or higher of Order Entry/Results Reporting. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

If the Primary Care Management Module (PCMM) is loaded, a MailMan message will be sent to the patient's primary care team members who chose to receive inpatient notifications when the patient is admitted.

If the patient has dual eligibility, you will be asked for the eligibility associated with the admission.

If the selected admitting regulation has subcategories, you will be asked to select the appropriate subcategory.

## Section 5 - MAS Code Sheet Manager Menu

Documentation for the MAS Code Sheet Manager Menu, excluding the MAS Code Sheet User Menu options shown below, is not provided in this manual. For assistance, refer to the Generic Code Sheet User Manual.

### MAS CODE SHEET USER MENU

#### GENERATE A CODE SHEET

This option is used to generate AMIS segments 223 (prior to FY 95), 334-341, 345-346, and 401-420.

#### PRINT A CODE SHEET

This option allows the printing of AMIS segments 167, 223, 290, 334-341, 345-346, and 401-420.

## **MAS Code Sheet User Menu**

### **Generate a Code Sheet**

#### **Introduction**

The Generate a Code Sheet option is used to generate AMIS segments 334-341, 345-346, and 401-420. AMIS (Automated Management Information System) is a general system of computer programs used to process management reports. For AMIS code sheets generated after installation of the MAS v5.2 software, the AMIS 419 code sheet will not be created.

When a range of AMIS segments is chosen, the entire range will be generated. You cannot generate individual segments within the range. If the AMIS segments for the month/year you choose are not in balance, the following message will be displayed and you will not be allowed to proceed: "AMIS {selected segment #s} code sheets can not be generated for this month/year until the following segments are balanced: {out of balance segment #s}".

Once the AMIS segment(s) and month/year are selected, the system will automatically stuff the appropriate data into the fields and mark the code sheet(s) for batching. A display of how the transmitted code sheet will look is provided.

An ID# will automatically be assigned by the system in the syntax: code sheet number-fiscal year.

If you are at a multidivisional facility and select other than a 300 segment, you will be prompted for the division. If a 300 segment is selected, the system assumes all divisions.

## MAS Code Sheet User Menu

### Generate a Code Sheet

### Example

Select AMIS SEGMENTS: 345-346  
 Select MONTH/YEAR: 6 90 (JUN 1990)

DEVICE: HOME// <RET> LAT RIGHT MARGIN: 80// <RET>

Station: ALBANY (#500)  
 Batch Type: MAS  
 Transaction Type: 345

This code sheet has been assigned IDENTIFICATION NUMBER: 188-90  
 Stuffing data into the following fields:

AMIS MONTH/YEAR: JUN 1990  
 SYSTEM IDENTIFIER: AMS  
 SEG START CHAR: ((  
 VERSION NUMBER: 4  
 DEPT CODE: 8  
 STATION NUMBER: 500  
 SUFFIX:  
 TRANSACTION TYPE/SEGMENT: 345  
 SEGMENT MODIFIER:  
 ADMIS AFTER REHOSP >30 DAYS: 0  
 ADMISSIONS - ALL OTHERS: 0  
 TRANSFERS IN SIMILAR FACIL: 0  
 FROM ASIH: 0  
 DISCHARGES: 0  
 DEATHS,BO AND ABO: 0  
 TRANSFERS OUT-SIMILAR FACIL: 0  
 TO ASIH: 0  
 BED OCCUPANTS EOM: 0  
 ABSENT BED OCCUPANTS EOM: 0  
 ASIH: 0  
 FEMALE PATIENTS REMAINING EOM: 0  
 DISCHARGES-ASIH: 0  
 DIED-ASIH: 0  
 PATIENT DAYS OF CARE: 0  
 DAYS OF AUTH ABSENCE <96HRS: 0  
 OPERATING BEDS EOM: 0  
 AUTOMATIC TERMINATOR: \$

TRANSMITTED CODE SHEET FOR ID# 188-90 WILL BE AS FOLLOWS:

....+....1....+....2....+....3....+....4....+....5....+....6....+....7....  
 +....AMS((48500 345 -----\$

\*\* CODE SHEET NUMBER: 188-90 \*\*

CODE SHEET AUTOMATICALLY MARKED FOR BATCHING !

## MAS Code Sheet User Menu

### Generate a Code Sheet

### Example

Station: ALBANY (#500)  
Batch Type: MAS  
Transaction Type: 346

This code sheet has been assigned IDENTIFICATION NUMBER: 189-90  
Stuffing data into the following fields:

AMIS MONTH/YEAR: JUN 1990  
SYSTEM IDENTIFIER: AMS  
SEG START CHAR: ((  
VERSION NUMBER: 4  
DEPT CODE: 8  
STATION NUMBER: 500  
SUFFIX:  
TRANSACTION TYPE/SEGMENT: 346  
SEGMENT MODIFIER:  
ADMIS AFTER REHOSP >30 DAYS: 0  
ADMISSIONS - ALL OTHERS: 0  
TRANSFERS IN SIMILAR FACIL: 0  
FROM ASIH: 0  
DISCHARGES: 0  
DEATHS,BO AND ABO: 0  
TRANSFERS OUT-SIMILAR FACIL: 0  
TO ASIH: 0  
BED OCCUPANTS EOM: 0  
ABSENT BED OCCUPANTS EOM: 0  
ASIH: 0  
FEMALE PATIENTS REMAINING EOM: 0  
DISCHARGES-ASIH: 0  
DIED-ASIH: 0  
PATIENT DAYS OF CARE: 0  
DAYS OF AUTH ABSENCE <96HRS: 0  
OPERATING BEDS EOM: 0  
AUTOMATIC TERMINATOR: \$

TRANSMITTED CODE SHEET FOR ID# 188-90 WILL BE AS FOLLOWS:

....+....1....+....2....+....3....+....4....+....5....+....6....+....7....  
+....AMS((48500 346 -----\$

\*\* CODE SHEET NUMBER: 189-90 \*\*

CODE SHEET AUTOMATICALLY MARKED FOR BATCHING !

## **MAS Code Sheet User Menu**

### **Print a Code Sheet**

#### **Introduction**

The Print a Code Sheet option allows printing of the 167, 290, 334-341, 345-346, and the 401-420 AMIS segments. AMIS (Automated Management Information System) is a general system of computer programs used to process management reports.

Following is a brief description of the type of activity reported by each segment.

167	mental health clinic
290	compensation and pension examinations
334-341	admission/discharge/transfer for each inpatient service
345-346	VA nursing home and domiciliary units
401-420	applications for care (registrations) by veteran category and dispositioning group

You will be prompted for the ID# of the MAS code sheet you wish to print. You may enter double question marks (??) for a list. This list provides the following information, if applicable: ID#, AMIS segment #, date the code sheet was created, and the AMIS month/year for each code sheet.

The selected segment will print in the transmission format followed by a list of each field for that segment. However, if the selected code sheet was "keypunched" (entered through the Keypunch a Code Sheet option), it will be shown in the keypunched format only.

## MAS Code Sheet User Menu

### Print a Code Sheet

#### Example

Select MAS Code Sheet ID: **104-90** AMS 167 Created: 06/30/90 Amis MO/YR:  
06/1990  
DEVICE: **<RET>** LAT RIGHT MARGIN: 80// **<RET>**

MAS CODE SHEET ID # : 104-90 AUG 21,1990 11:39 PAGE 1  
CODE

-----  
AMS((98500 167 -43000200-1200000000-0766012100-4000900211-  
0105019000-320016003-0001013200-8700230000-0000\$

AMIS MONTH/YEAR: JUN 1990

SYSTEM IDENTIFIER: AMS  
SEG START CHAR: ((  
VERSION NUMBER: 9  
DEPT CODE: 8  
STATION NUMBER: 445  
SUFFIX:  
TRANSACTION TYPE/SEGMENT: 167  
SEGMENT MODIFIER:  
NEW CASES:  
REOPENED CASES:  
NO FURTHER TREATMENT REQ(-):  
TO REHOSP PSY BEDSECTION(-):  
OTHER (-):  
ACTIVE CASES EOP < 1 YEAR:  
ACTIVE CASES EOP 1-5 YEARS:  
ACTIVE CASES EOP > 5 YEARS:  
DAYS OF MHC OPERATION:  
PROFESSIONAL FTEE:  
NON-PROFESSIONAL FTEE:  
# OF PATIENTS SEEN BY PSYCHIATRIST:  
# OF PATIENTS SEEN BY PSYCHOLOGIST:  
# OF PATIENTS SEEN BY SOCIAL WORKER:  
# OF PATIENTS SEEN BY NURSE:  
# OF PATIENTS SEEN BY OTHER:  
TOT # OF DIFF SC VETS TREATED:  
TOT # OF DIFF NSC VETS TREATED:  
TOT # OF DIFF V.N.ERA VETS TREATED:  
WAITING LIST EOP:  
SUPPORT VISITS:  
AUTOMATIC TERMINATOR: \$

Select MAS Code Sheet ID:



## **View Means Test Editing Activity**

### **Introduction**

The View Means Test Editing Activity option provides a method of viewing changes made to Means Test data. If the selected patient has more than one Means Test on file, they will be listed for selection.

The computer keeps track, by patient, each time any change is made to the Means Test data either through Means Test or Registration. The types of changes that are captured are shown below. Both the old and new status value will be shown on the report.

- Add New Means Test
- Adjudicate Means Test
- Means Test Category Change
- Edit Existing Means Test Info
- Means Test Status Change
- Primary Means Test Change

The output generated by this option will include the following information: patient name, Means Test date, date of change, type of change, and the user who made the change. The time will appear along with the date of change if it was part of the original entry.

If no changes have been made to the selected Means Test, the output will state that fact.

You must hold the DG MEANSTEST security key to access this option.

## View Means Test Editing Activity

### Example

#### Example 1 - VAMC Means Test

Select PATIENT NAME: **RICHARDS,NED** 02-14-50 329829282 NSC VETERAN  
8-4-90 MEANS TEST DATE

PATIENT: RICHARDS,NED MEANS TEST DATE: AUG 04, 1990

#### CHANGES

Date	Type of Change	User
08/10/90	ADJUDICATE MEANS TEST OLD STATUS VALUE: PENDING ADJUDICATION NEW STATUS VALUE: CATEGORY A	PARKS,GAIL
09/28/90	MEANS TEST CATEGORY CHANGE OLD STATUS VALUE: CATEGORY A NEW STATUS VALUE: CATEGORY C	ALLEN,GEORGE
10/07/90@9:56:27	EDIT EXISTING MEANS TEST INFO	SHAW,CLAY

#### Example 2 - IVM verified Means Test

Select PATIENT NAME: **CARYLE,JOHN** 03-30-52 100900909 NSC VETERAN 7-11-  
94 MEANS TEST DATE

PATIENT: CARYLE,JOHN MEANS TEST DATE: JUL 11, 1994

#### CHANGES

Date	Type of Change	User
07/11/94@15:29	PRIMARY MEANS TEST CHANGE OLD STATUS VALUE: CATEGORY A NEW STATUS VALUE: CATEGORY C OLD SOURCE OF TEST: VAMC NEW SOURCE OF TEST: IVM	POSTMASTER

#### **PRINT PATIENT WRISTBAND**

This option is used to print a patient wristband with bar coded social security number.

#### **REGISTER A PATIENT**

This option is used to create and/or edit a patient record while generating a registration (Application for Care). This registration must subsequently be dispositioned.

#### **VIEW REGISTRATION DATA**

This option is used to view the data contained in a patient's record. Editing is not permitted through this option.

#### **ADD/EDIT/DELETE CATASTROPHIC DISABILITY**

This option is used to enter, edit, delete, and view a patient's catastrophic disability information.

#### **PATIENT ENROLLMENT**

This option is used to enroll patients that are eligible for care. This option is also used to cease enrollment, expand an enrollment history record, and update a patient's preferred facility.

## **Disposition an Application**

### **Introduction**

This option is used to record the final outcome of a patient's application for care (i.e., whether they were admitted, scheduled for a return visit, no treatment was necessary). Patients having open registrations (registrations which have not been dispositioned) may not be reregistered until dispositioning is accomplished. You may obtain a list of those dispositions which are open or pending determination through the Pending/Open Disposition List option under the ADT Outputs menu.

If applicable, you will be afforded the opportunity to complete a Means Test. |

If the amount of hours between registration and disposition is greater than the amount of time specified in the PIMS site parameter, TIME FOR LATE DISPOSITION, the "Reason for Late Disposition" prompt will appear.

Following data entry, the system will disposition the application and categorize the registration in the correct AMIS 401-420 series. All patient registrations must be dispositioned in order to be counted in this series. For Means Test patients, final determination will be made at the time the AMIS 401-420 report is actually run. This has been done to account for possible fluctuation in patients' Means Test categories as a result of having multiple Means Tests performed within a period of time.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with V. 2.5 of Order Entry/Results Reporting. The disposition must have a change in status from APPOINTMENT W/O EXAM to 10/10 or UNSCHEDULED in order for a notification to be displayed. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

When dispositioning a patient to admission, a warning will appear and the admission process will be bypassed if the patient is currently an inpatient or a lodger. If the patient is a lodger, he/she must be checked out as a lodger prior to being dispositioned. This can be accomplished through the Lodger Check-out option found in the Bed Control menu.

## **Disposition an Application**

### **Introduction**

Depending on the type of disposition selected, other PIMS functionality may be accessed (i.e., Make Appointment). Please refer to the appropriate option documentation, if necessary.

The eligibility code and period of service are now required before a registration can be dispositioned. These elements were previously checked for at registration.

Registrations (10-10 and unscheduled) must be checked out to complete the disposition. When the system attempts checkout, the appropriate service-connection and exposure questions for the selected patient are asked. Depending on how the disposition parameters are set in the Scheduling Parameters option and whether or not the checkout is complete, you may also be prompted through a checkout interview. Providers, diagnoses, procedure codes, and stop codes may be added, edited, or deleted for the selected application. Depending on how site parameters are set, these fields may be required to complete the checkout.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking functionality. Please refer to the appropriate option documentation, if necessary. Actions that appear in parentheses on this screen are not available through this option. Double question marks (??) may be entered to display additional screen actions. For assistance in using this screen, you may enter (??) at the "Select Action" prompt.

The Veterans Healthcare Eligibility Reform Act of 1996, PL 104-262, which goes into effect 10/1/98, states that veterans must be enrolled to receive care (with some exceptions). The VA Patient Enrollment System is an interim solution which provides the means to enroll veteran patients electronically. A long-term solution is under development with a target implementation date of October 1998. The interim software displays enrollment information if the veteran is already enrolled or if the veteran is not enrolled, it allows enrollment in the VA Patient Enrollment System.

The validation logic performs the same validation checks as the Austin database to identify errors before they are transmitted. The validator (or edit checker) will review the entire encounter rather than stopping after the first error is found. You may be given the opportunity to correct these errors through this option.

## Disposition an Application

### Example

Disposition PATIENT: **CAN,MICK** 03-03-45 123456789 SC VETERAN

LOG DATE TYPE OF BENEFIT APPLIED FOR  
-----

07/10/96 08:00 HOSPITAL

STATUS: 10/10 VISIT// <RET>

TYPE OF BENEFIT APPLIED FOR: HOSPITAL// <RET>

TYPE OF CARE APPLIED FOR: ALL OTHER// <RET>

REGISTRATION ELIGIBILITY CODE: SC LESS THAN 50%// <RET>

LOG OUT DATE/TIME: NOW// <RET> (JUL 10,1996 14:51)

REASON FOR LATE DISPOSITION: **DELAY IN BEING SEEN**

Select the type of disposition: **TREATMENT PROVIDED NO RETURN**

Select DISPOSITION HOSPITAL LOCATIONS: **ADMITTING AREA**

--- Classification --- [Required]

Was treatment for SC Condition? **Y** YES

**PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00**

**NEUROLOGY**

PROVIDER: ...There are 0 PROVIDER(S) associated with this encounter.

---

- - E N C O U N T E R P R O V I D E R S - -

No. PROVIDER

---

**No PROVIDERS for this Encounter.**

Enter PROVIDER: **BABSON,LAUREL** LB 1 **BABSON,LAUREL**

Is this the PRIMARY provider for this ENCOUNTER? YES// <RET>

**PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00**

**NEUROLOGY**

PROVIDER: ...There is 1 PROVIDER associated with this encounter.

Previous Entry: **BABSON,LAUREL**

---

- - E N C O U N T E R P R O V I D E R S - -

No. PROVIDER

---

1 **BABSON,LAUREL\*** PRIMARY

Enter PROVIDER: <RET>

## Disposition an Application

### Example

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00 NEUROLOGY  
 ICD CODE: ...There are 0 ICD CODES associated with this encounter.

---

- - E N C O U N T E R D I A G N O S I S (ICD9 CODES) - -

No.	ICD	DESCRIPTION	PROBLEM LIST
No DIAGNOSIS for this Encounter.			

---

Enter Diagnosis: 345

ONE primary diagnosis must be established for each encounter!  
 Is this the PRIMARY DIAGNOSIS for this ENCOUNTER? YES// <RET>

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00 NEUROLOGY  
 ICD CODE: ...There is 1 ICD CODE associated with this encounter.  
 Previous Entry: 345.00

---

- - E N C O U N T E R D I A G N O S I S (ICD9 CODES) - -

No.	ICD	DESCRIPTION	PROBLEM LIST
1	345.00*	GEN NONCV EP W/O INTR EP	PRIMARY

---

Enter NEXT Diagnosis: <RET>  
 Would you like to add this Diagnosis to the Problem List? NO// <RET>

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00 NEUROLOGY  
 PROVIDER: ...There is 1 PROVIDER associated with this encounter.....  
 CPT: ...There are 0 PROCEDURES associated with this encounter.

---

- - E N C O U N T E R P R O C E D U R E S (CPT CODES) - -

No.	CPT CODE	QUANTITY	DESCRIPTION	PROVIDER
No CPT CODES for this Encounter.				

---

Enter PROCEDURE (CPT CODE): 10180

How many times was this procedure performed: 1// <RET>  
 Enter PROVIDER associated with PROCEDURE: BABSON,LAUREL// <RET>

## Disposition an Application

### Example

PAT/APPT/CLINIC: CAN,MICK JUL 10, 1996@08:00 NEUROLOGY  
 PROVIDER: ...Enter the provider associated with the CPTs.....  
 CPT: ...There is 1 PROCEDURE associated with this encounter.

- - E N C O U N T E R P R O C E D U R E S (CPT CODES) - -				
No.	CPT CODE	QUANTITY	DESCRIPTION	PROVIDER
1	10180*	1	COMPLEX DRAINAGE, WOUND	BABSON,LAUREL

Enter **NEXT** PROCEDURE (CPT CODE): <RET>  
 - - - - - S o r r y A b o u t T h e W a i t - - - - -  
 This information is being stored or monitored by Scheduling, Integrated  
 Billing, Order Entry, Registration, Prosthetics, PCE/Visit Tracking and  
 Automated Med Information Exchange.

Do you wish to see the check out screen? NO// <RET> NO

Updating eligibility status for this registration...

SC% AT REGISTRATION: 40// <RET>

Disposition on AMIS Segment 407 - 40% SC VETERANS

Do you wish to enroll in the VA Patient Enrollment System? Yes// <RET>

Enrollment Date: Today// <RET>  
 Primary Facility: ALBANY// <RET>

>>> Patient is enrolled in the VA Patient Enrollment System..  
 Enrollment Date : 10/1/97  
 Enrollment Status : Unverified  
 Enrollment Priority: 1

\*\*\*\*\* Registration dispositioned \*\*\*\*\*

Performing Ambulatory Care Validation Checks

No validation errors found!

Disposition PATIENT:



## Delete a Registration

### Introduction

The Delete a Registration option is used to delete patient registrations that have not been dispositioned.

When a registration is deleted using this option, all information on the selected patient remains on file. The system only removes record of the patient being registered on that particular date.

You may enter double question marks (??) at the "PATIENT NAME" prompt to obtain a list of patients with open registrations. Once the patient name is entered, information concerning the undispositioned registration is displayed.

### Example

```
Select PATIENT NAME:  SMITH,MIKE      11-11-40  123456789  NSC VETERAN

LOG IN DATE/TIME:  SEP 29, 1988  15:52  STATUS:  10/10 VISIT
  TYPE OF BENEFIT APPLIED FOR: HOSPITAL
  FACILITY APPLYING TO: ALBANY           WHO ENTERED 10/10: REYNOLDS, WANDA
  ACTIVE: ACTIVE                         TYPE OF CARE APPLIED FOR: ALL OTHER
  ELIGIBLE FOR MEDICAID: NO              REGISTRATION ELIGIBILITY CODE: NSC
  ELIG VERIFIED AT REGISTRATION: YES     SC AT REGISTRATION: NO

Are you sure you want to delete this registration? NO//  YES  (YES)
Deleted.
```

## **Disposition Log Edit**

### **Introduction**

The Disposition Log Edit option is used to edit the disposition record of a patient registration.

The system displays each data field of the disposition record for editing. The values that were entered at the time of registration and disposition will appear as defaults. You may accept the default or enter new information. Based on the information entered/edited through this option, the system will recategorize the registration in the appropriate AMIS 401-420 segment.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with V. 2.5 of Order Entry/Results Reporting. The disposition must have a change in status from APPOINTMENT W/O EXAM to 10/10 or UNSCHEDULED in order for a notification to be displayed. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking options. The appropriate option documentation is referenced in the process chart. Actions that appear in parentheses are not available through this option. <??> may be entered to display additional screen actions. For assistance in using this screen, you may enter <??> at the "Select Action" prompt.

The validation logic performs the same validation checks as the Austin database to identify errors before they are transmitted. The validator (or edit checker) will review the entire encounter rather than stopping after the first error is found. You may be given the opportunity to correct these errors through this option.

## Disposition Log Edit

### Example

Select PATIENT NAME: **SMITH,MIKE** 11-11-20 321321321 NSC VETERAN

Registration date/time: **LAST** 8/9/96@13:20

STATUS: 10/10 VISIT// **<RET>**  
 TYPE OF BENEFIT APPLIED FOR: HOSPITAL// **<RET>**  
 TYPE OF CARE APPLIED FOR: ALL OTHER// **<RET>**  
 REGISTRATION ELIGIBILITY CODE: NSC VETERAN// **<RET>**  
 FACILITY APPLYING TO: ALBANY// **<RET>**  
 LOG OUT DATE TIME: 08/09/96@15:00// **<RET>**  
 DISPOSITION: ADMIT// **<RET>**  
 MEANS TEST REQUIRED  
 NEED RELATED TO AN ACCIDENT: NO// **Y** YES  
 INJURY CAUSED BY: **Stan Morrill**  
 INJURING PARTIES INSURANCE: **AETNA**  
 FILED AGAINST INJURING PARTY: **Y** YES  
 ATTORNEY'S NAME: **Claude Fenwick**  
 A-ADDRESS 1: **275 Wyman Street**  
 A-ADDRESS 2: **<RET>**  
 A-CITY: **WALTHAM**  
 A-STATE: **MA**  
 A-ZIP+4: **78989**  
 A-PHONE: **382-6940**  
 DESCRIPTION OF INCIDENT: **Patient hit by truck**  
 NEED RELATED TO OCCUPATION: NO// **<RET>**

Updating eligibility status for this registration...

Patient falls into a Means Test category...AMIS 401-420  
 segment will be determined at time the report is generated.

Do you wish to see the check out screen? YES// **<RET>**

**Disposition Log Edit****Example**

**Check Out** Aug 17, 1996 16:02:12 Page: 1 of 2

Patient: SMITH,MIKE (1321)

Clinic: ADMITTING AREA

Disposition Date/Time: Aug 09, 1996 15:00

Checked Out: YES

CLASSIFICATION [Not Required]

- 1 Treatment for SC Condition: Not Applicable
- 2 Agent Orange Exposure: Not Applicable
- 3 Ionizing Radiation Exposure: Not Applicable
- 4 Environmental Contaminants: Not Applicable

PROVIDER [Required]

DIAGNOSIS [Required]

1 WELBY,MARCUS

1 801.79 OPN SKUL BASE FX-CONCUSS

+ Enter ?? for more actions

CD (Check Out Date) EC Edit Classification PD Patient Demographics

AP Appointment PR Provider Update RT Record Tracking

DC Discharge Clinic DX Diagnosis Update CP Procedure Update

AE Add/Edit IN Interview

Select Action: Next Screen// **PD** Patient Demographics

Patient: SMITH,MIKE (1321)

Clinic: ADMITTING AREA

STREET ADDRESS [LINE 1]: 222 MAIN ST// <RET>

STREET ADDRESS [LINE 2]: <RET>

CITY: WALTHAM// <RET>

STATE: MASSACHUSETTS// <RET>

ZIP+4: 78989// <RET>

COUNTY: 083// <RET>

PHONE NUMBER [RESIDENCE]: 508-555-4567// <RET>

PHONE NUMBER [WORK]: 508-555-1122// <RET>

TEMPORARY ADDRESS ACTIVE?: NO// **Y** YES

TEMPORARY ADDRESS START DATE: **6/1/96** (JUN 01, 1996)

TEMPORARY ADDRESS END DATE: **9/1/96** (SEP 01, 1996)

TEMPORARY STREET [LINE 1]: **TURNIPFIELD RD**

TEMPORARY STREET [LINE 2]: <RET>

TEMPORARY CITY: **EASTHAM**

TEMPORARY STATE: **MASSACHUSETTS**

TEMPORARY ZIP+4: **78789**

TEMPORARY ADDRESS COUNTY: **083**

TEMPORARY PHONE NUMBER: **508-255-1234**

**Disposition Log Edit****Example**

<b>Check Out</b>	Aug 17, 1996 16:02:12	Page: 1 of 2
Patient: SMITH,MIKE (1321)		Clinic: ADMITTING AREA
Disposition Date/Time: Aug 09, 1996 15:00		Checked Out: YES

---

CLASSIFICATION	[Not Required]
1	Treatment for SC Condition: Not Applicable
2	Agent Orange Exposure: Not Applicable
3	Ionizing Radiation Exposure: Not Applicable
4	Environmental Contaminants: Not Applicable

PROVIDER [Required]	DIAGNOSIS [Required]
1 WELBY,MARCUS	1 801.79 OPN SKUL BASE FX-CONCUSS

+ Enter ?? for more actions

CD (Check Out Date)	EC Edit Classification	PD Patient Demographics
AP Appointment	PR Provider Update	RT Record Tracking
DC Discharge Clinic	DX Diagnosis Update	CP Procedure Update
AE Add/Edit	IN Interview	

Select Action: Next Screen// **QU** QU

Performing Ambulatory Care Validation Checks.

No validation errors found!

Select PATIENT NAME:

## **Edit Inconsistent Data for a Patient**

### **Introduction**

This option is used to edit data for patients who have been identified as having missing/inconsistent data in their files through the use of the Consistency Checker. The data items will be displayed for updating. If you do not hold the DG ELIGIBILITY security key, you will not be able to edit certain data items. Those items will appear followed by an asterisk(\*). Items which are displayed with two asterisks (\*\*) can only be updated using the appropriate PIMS menu options. When updating is complete, the system will again search the patient's file for any remaining inconsistent/unspecified data items.

The Consistency Checker feature provides a method of better assuring accuracy of the data contained in patients' records. It will look at data items to assure entries are consistent with entries in other data fields (i.e., the entry in the DID YOU SERVE IN VIETNAM field is consistent with the EXPOSED TO AGENT ORANGE field). It will also check certain data items to be sure they have not been left blank. Your site may choose whether or not to use this feature by setting the CONSISTENCY CHECKER field in the MAS Parameter Entry/Edit option. Further, your site may specify from a list of data items, those which it wishes the Consistency Checker to check. Some items, however, are automatically set by the PIMS software to be checked/not checked. Specifying the data elements is accomplished through the Determine Inconsistencies to Check/Don't Check option. If your site has the Consistency Checker turned OFF, you will not be able to fully utilize this option.

Each of the inconsistent/unspecified data elements will be prompted for updating. Please refer to the Registration Supplement at the end of the Registration Section of this manual if you need assistance in answering these prompts. At the conclusion of updating, the consistency checker will run once again to check for any remaining inconsistent/unspecified data elements.

The Consistency Checker places the names of those patients whose records contain inconsistent/unspecified data in the INCONSISTENT DATA file (#38.5). When the data is corrected through this option, the names are automatically removed from the file. Names contained in this file will appear on the Inconsistent Data Elements Report.

## ADT System Definition Menu

### Enter/Edit Transmission Routers File

#### Introduction

The Enter/Edit Transmission Routers File option allows the user to enter/edit data in the TRANSMISSION ROUTERS file (#407.7). It is used to enter/edit receiving users and their mail router domain for transmission of PTF and RUG-II data. Domains are locations set up in the DOMAIN file (#4.2) to receive the transmissions. Most sites will usually transmit to only one domain, the Austin Automation Center. However, this option offers the capability to transmit data to more than one domain at the same time. For example, it may become necessary to send the data for a certain period of time to your CIO Field Office. By utilizing this option, the data can be sent to both domains simultaneously.

To enable transmission of data to the selected receiving user, the TRANSMIT field must be set to YES. Once the users have been entered for a particular domain, the transmit flags are easily turned on/off. This provides a quick and efficient means of enabling or disabling transmission of the data to that user in that domain.

#### Example

##### Example 1 - Enter Transmission Router File

```
Select TRANSMISSION ROUTERS NAME:   PTF
Select RECEIVING USER:   CHARLTON,MICHAEL
      MAIL ROUTER DOMAIN MAIL ROUTER:   ALBANY.VA.GOV
      DOMAIN MAIL ROUTER: ALBANY.VA.GOV//   <RET>
      TRANSMIT:   NO
```

##### Example 2 - Edit Transmission Router File

```
Select TRANSMISSION ROUTERS NAME:   PTF
Select RECEIVING USER: CHARLTON,MICHAEL//   <RET>
      RECEIVING USER: CHARLTON,MICHAEL//   <RET>
      DOMAIN MAIL ROUTER: ALBANY.VA.GOV//   <RET>
      TRANSMIT: NO//   YES
```

## **ADT System Definition Menu**

### **G&L Parameter Edit**

#### **Introduction**

The G&L Parameter Edit option allows the PIMS supervisor to edit the parameters used by the Gains and Losses Sheet and recalculation routines and options.

Double question marks (??) entered at any prompt will display an explanation of what is required in making an entry at that parameter.

Only holders of the DG SUPERVISOR security key will have access to this option.

You may edit the following parameters.

#### **G&L INITIALIZATION DATE**

Date on which you wish to begin calculating statistics for the G&L Sheet and the Bed Status Report. The first day of the fiscal year chosen should be used. For example, if a site wishes to initialize their G&L on 10/30/92 and make it effective for the prior fiscal year, the date 10/1/91 should be used for this parameter. Normally, once this parameter is entered, it is not necessary to change the date unless there is a specific need.

#### **TSR INITIALIZATION DATE**

10/1 for the fiscal year in which you wish to initialize your Treating Specialty Report. The date selected must be on or after 10/1/92 and census statistics will be calculated from this date.

#### **SSN FORMAT**

This parameter determines whether the patient's SSN will print on the G&L Sheet in full format (all 9 digits) or just the last four digits.

#### **MEANS TEST DISPLAY**

This parameter determines whether the current Means Test Status (if applicable) will be displayed on the first portion of the G&L Sheet.

#### **PATIENT'S TREATING SPECIALTY**

This parameter determines whether or not the exact treating specialty to which a patient is assigned will be displayed whenever a movement is shown on the G&L Sheet.



## Show MAS System Status Screen

### Introduction

The Show MAS System Status Screen option is used to display the MAS System Status Screen. This is the same display which may appear (depending on how the site specific parameter is set) upon entering the ADT Main Menu.

The display provides the last run date for such items as AMIS 334, 345, and 401-420 reports, Auto Recalculation, the G&L Sheet, RUG-II Background Job, and Appointment Status Update. It shows if the HINQ and Embosser Options from Registration are turned on or off and provides the scheduled run date for Auto Recalculation and Appointment Status Update. The user will also be informed of the account he/she is presently working in.

The screen is automatically displayed upon entering the option and you are returned to the menu regardless of what entry is made at the prompt.

### Example

```

Hello JOHN. Welcome to MAS, Version 5.3.
=====
AMIS 334 ..... Last run for month of AUG 1995
AMIS 345 ..... Last run for month of AUG 1995
AMIS 401-420 Reports ..... Last run for month of AUG 1995
Auto Recalculation ..... Last run SEP 12,1995@08:46 on CPU CCC
                        ..... Scheduled for SEP 13,1995@08:46
Embosser Option from Registration . Is turned ON
Gains & Losses (G&L) ..... Last run SEP 4,1995@18:52
HINQ Option from Registration ..... Is turned ON
RUG-II Background Job ..... Last run SEP 13,1995@07:43
Appointment Status Update ..... Last run SEP 13,1995@09:46
                        ..... Updated appointments for SEP 12,1995
                        ..... Scheduled for SEP 14,1995@16:00
IRT Background Job ..... Last run SEP 13,1995
                        ..... Scheduled for (not currently scheduled)

YOU ARE PRESENTLY ON CPU,FIV,DEM

Press RETURN to continue:

```

## **Transmit/Generate Release Comments**

### **Introduction**

The Transmit/Generate Release Comments option is used to send comments concerning the installation of the PIMS software package to the developers at the Albany CIO Field Office. A series of questions are asked and an opportunity is provided to enter your general comments and suggestions.

The comments may be generated either as a MailMan message (which will be automatically forwarded) or as a letter which you may print and mail to the CIO Field Office. Network mail must be up in order to transmit the comments via MailMan.

The system will inform you of the date/time the initial response letter was sent if the option had been previously utilized forwarding the comments by letter.

Only holders of the DG SUPERVISOR security key may access this option.

If the installation times are not stored in the MAS RELEASE NOTES file, you may not be able to transmit the message or generate the letter.

### **Example**

We, the PIMS developers, at the Albany CIOFO are most interested in your comments concerning this release of PIMS. This option was written specifically as a means for you, the user, to communicate directly with us, the developers, regarding the installation process, documentation quality (option documentation, release notes, installation guide), etc., and the initial user reaction to the changes/enhancements provided with this release. The option provides for two methods of providing us with feedback, the first of which is by letter. After answering all the questions which are asked and entering your comments you will be asked if you wish to reply via letter or mailman. The LETTER option allows you to generate your comments, survey responses, initialization times, etc., in a letter format to this CIOFO for our review. This can be queued to any output device known to your system and mailed to us. If you have network mailman up and running you may elect to transmit the same data via a mailman message directly to us. Simply choose MAILMAN as the method of output and we'll do the rest for you. A copy of the mailman message will be dropped into your IN basket for your records. Thank you.

PIMS Developers  
Albany CIOFO  
Albany, New York

## Transmit/Generate Release Comments

### Example

ARE YOU READY TO ANSWER THIS QUESTIONNAIRE NOW? NO// **Y** (YES)

I have stored the initialization times for the initialization process and would like to view the sizes of your files against these times to better serve your needs in the future.

MAY I INCLUDE YOUR FILE SIZES?: **NO**

Please rate the quality of the documentation received. If none was received enter a '0'.

[1] POOR	[2] FAIR	[3] GOOD
[4] VERY GOOD	[5] EXCELLENT	[0] NONE INCLUDED

DOCUMENTATION QUALITY: **4** VERY GOOD

Please rate the quality of the Installation Guide. Was it easy to follow, accurate, etc.?

[1] POOR	[2] FAIR	[3] GOOD
[4] VERY GOOD	[5] EXCELLENT	

INSTALLATION GUIDE: **4** VERY GOOD

Please rate the quality of the Release Notes. Were they easy to follow, informative, etc.?

[1] POOR	[2] FAIR	[3] GOOD
[4] VERY GOOD	[5] EXCELLENT	

RELEASE NOTES: **4** VERY GOOD

How would you rate the overall initialization process now that you've been thru it? Did it run smoothly? Did it run in an acceptable amount of time?

[1] POOR	[2] FAIR	[3] GOOD
[4] VERY GOOD	[5] EXCELLENT	

INITIALIZATION SATISFACTION: **4** VERY GOOD

How would you rate your users initial impression of this release?

[1] POOR	[2] FAIR	[3] GOOD
[4] VERY GOOD	[5] EXCELLENT	

USER SATISFACTION: **4** VERY GOOD

## Transmit/Generate Release Comments

### Example

How would you rate this release as a whole?

[1] POOR                      [2] FAIR                                      [3] GOOD  
[4] VERY GOOD              [5] EXCELLENT

OVERALL SATISFACTION:    **4**    VERY GOOD

Please enter any comments, suggestions, etc., which you feel might assist us in better assisting you and your users.

USER COMMENTS/SUGGESTIONS:

1> **Installation ran smoothly.**

EDIT Option:    <RET>

SEND RESPONSE VIA (L)ETTER OR (M)AILMAN MESSAGE?            **LETTER**

DEVICE: HOME//    **HALLWAY PRINTER**            RIGHT MARGIN: 80//    <RET>

DATE:    OCT 18,1990

FROM:    VAMC ALBANY (500)

SUBJ:    MAS V.4.7 INSTALLATION

TO:        VA CIO Field Office (192-2A)  
            113 Holland Ave.  
            Albany, New York            12208

1.	DPT Installation:	STARTED	COMPLETED	HOURS	MINUTES
		-----	-----	----	-----
	PRE-INIT	AUG 27,1990@10:40	AUG 27,1990@10:40	0	1
	ACTUAL INIT	AUG 27,1990@10:40	AUG 27,1990@10:46	0	6
	POST-INIT	AUG 27,1990@10:46	AUG 27,1990@10:46	0	1
		-----	-----	----	-----
				0	6
2.	DG Installation:	STARTED	COMPLETED	HOURS	MINUTES
		-----	-----	----	-----
	PRE-INIT	AUG 27,1990@10:50	AUG 27,1990@10:50	0	1
	ACTUAL INIT	AUG 27,1990@10:50	AUG 27,1990@11:23	0	33
	POST-INIT	AUG 27,1990@11:23	AUG 27,1990@11:25	0	2
		-----	-----	----	-----
				0	35
3.	SD Installation:	STARTED	COMPLETED	HOURS	MINUTES
		-----	-----	----	-----
	POST-INIT	AUG 27,1990@11:45	AUG 27,1990@11:45	0	1
	ACTUAL INIT	AUG 27,1990@11:45	AUG 27,1990@11:51	0	6
	POST-INIT	AUG 27,1990@11:51	AUG 27,1990@11:53	0	2
		-----	-----	----	-----
				0	8

## Transmit/Generate Release Comments

### Example

4. SURVEY RESPONSE

-----

Quality of Documentation (if included) .....	VERY GOOD
Installation Guide accuracy and quality .....	VERY GOOD
Release Notes quality and accuracy .....	VERY GOOD
Initialization Time Satisfaction .....	VERY GOOD
Initial User Satisfaction with product .....	VERY GOOD
Overall Satisfaction with this release .....	VERY GOOD

5. USER COMMENTS

-----

Installation ran smoothly.

---

SIGNATURE OF PERSON COMPLETING REPORT

## Section 11 - Supervisor ADT Menu